Complete Summary

GUIDELINE TITLE

Preventive services for children and adolescents.

BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Preventive services for children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Sep. 32 p. [24 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Preventable diseases or conditions such as:

- Vision and hearing impairments
- Infectious diseases such as diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, meningitis, hepatitis B, varicella, influenza, pneumococcal pneumonia, tuberculosis, hepatitis A
- Anemia
- Obesity
- Substance use/abuse
- Injuries due to motor vehicles/bicycles, fire, poison, drowning, choking, falls, water heaters, firearms
- Hypertension
- Dyslipidemia
- Cervical cancer, skin cancer, testicular cancer
- Violence and abuse
- Unintended pregnancy, sexually transmitted diseases
- Depression, anxiety, stress
- Dental and periodontal disease

GUIDELINE CATEGORY

Counseling
Evaluation
Prevention
Risk Assessment
Screening

CLINICAL SPECIALTY

Family Practice
Internal Medicine
Obstetrics and Gynecology
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Health Care Providers
Health Plans
Hospitals
Managed Care Organizations
Nurses
Physician Assistants
Physicians

GUIDELINE OBJECTIVE(S)

- To clearly identify those preventive services that are essential to provide to all low-risk or asymptomatic members/patients on the basis of either good or fair evidence for inclusion in a periodic health examination (per the United States Preventive Services Task Force [USPSTF] rules)
- To identify those services that should not be included in light of similarly strong evidence

TARGET POPULATION

Low-risk, asymptomatic individuals from birth to 18 years of age

This guideline generally does not address the needs of pregnant women or individuals with chronic disorders.

INTERVENTIONS AND PRACTICES CONSIDERED

Screening

1. Screening maneuvers, including:
    - risk assessment
    - updating previously obtained medical and family history

- developmental/behavioral assessment
- physical examination including head circumference, plotted weight and height, blood pressure measurement
- vision and hearing testing
- hemoglobin or hematocrit testing
- Papanicolaou smear

2. Screening for high-risk groups, including:
    - tuberculin skin test
    - blood lead testing
    - lipid screening
    - clinical testicular examination
    - sexually transmitted disease testing
    - neonatal screening (according to state law)
3. Screening practices to consider discontinuing:
    - routine urinalysis
    - routine hemoglobin testing
    - routine tuberculin skin testing
    - routine blood chemistries
    - lipid screening under age 2

Counseling

1. Counseling and education on the following topics:
    - breast feeding
    - viral upper respiratory infection
    - nutrition
    - physical activity
    - injury prevention
    - cancer prevention
    - infant sleep position and sudden infant death syndrome (SIDS)
    - infants and bottles
    - formula use
    - parental role models
    - tobacco cessation
    - substance use/abuse
    - preconception
    - dental and periodontal disease
    - violence and abuse
    - sexual practices
    - mental health
    - preventive care

Prevention

1. Immunizations and chemoprophylaxis, including:
    - diphtheria, tetanus, acellular pertussis (DTaP)
    - tetanus-diphtheria (Td) booster
    - inactivated poliovirus (IPV)
    - measles mumps rubella (MMR)
    - pneumococcal vaccine (PCV7)
    - varicella
    - Haemophilus influenzae type b (Hib)

- hepatitis B vaccine
- influenza (for high-risk groups)
- hepatitis A vaccine (for high-risk groups)

MAJOR OUTCOMES CONSIDERED

- Effectiveness of preventive screening
- Effectiveness of preventive counseling and education
- Effectiveness of immunizations and chemoprophylaxis
- Predictive value of screening tests

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Preventive services for children and adolescents are classified according to the available evidence (good, fair, or insufficient per United States Preventive Services Task Force [USPSTF] rules) to support including or excluding the practices from a periodic health evaluation for asymptomatic, low-risk patients.

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

The guideline developers reviewed published cost analyses.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Institute Partners: System-Wide Review

The guideline annotation, discussion, and measurement specification documents undergo thorough review. Written comments are solicited from clinical, measurement, and management experts from within the member groups during an eight-week review period.

Each of the Institute's participating member groups determines its own process for distributing the guideline and obtaining feedback. Clinicians are asked to suggest modifications based on their understanding of the clinical literature coupled with their clinical expertise. Representatives from all departments involved in implementation and measurement review the guideline to determine its operational impact. Measurement specifications for selected measures are developed by the Institute for Clinical Systems Improvement (ICSI) in collaboration with participating member groups following implementation of the guideline. The specifications suggest approaches to operationalizing the measure.

Guideline Work Group

Following the completion of the review period, the guideline work group meets 1 to 2 times to review the input received. The original guideline is revised as necessary, and a written response is prepared to address each of the responses received from member groups. Two members of the Preventive Services Steering Committee carefully review the input, the work group responses, and the revised draft of the guideline. They report to the entire committee their assessment of four questions: (1) Is there consensus among all ICSI member groups and hospitals on the content of the guideline document? (2) Has the drafting work group answered all criticisms reasonably from the member groups? (3) Within the knowledge of the appointed reviewer, is the evidence cited in the document current and not out-of-date? (4) Is the document sufficiently similar to the prior edition that a more thorough review (critical review) is not needed by the member group? The committee then either approves the guideline for release as submitted or negotiates changes with the work group representative present at the meeting.

Pilot Test

Member groups may introduce the guideline at pilot sites, providing training to the clinical staff and incorporating it into the organization's scheduling, computer, and other practice systems. Evaluation and assessment occurs throughout the pilot test phase, which usually lasts for three to six months. At the end of the pilot test phase, ICSI staff and the leader of the work group conduct an interview with the member groups participating in the pilot test phase to review their experience and gather comments, suggestions, and implementation tools.

The guideline work group meets to review the pilot sites' experiences and makes the necessary revisions to the guideline, and the Preventive Services Steering Committee reviews the revised guideline and approves it for release.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

General recommendations for preventive services for children and adolescents are presented in the form of an algorithm with 14 components, accompanied by detailed annotations. An algorithm is provided for Preventive Services for Children and Adolescents. Clinical highlights follow.

Specific recommendations regarding screening maneuvers, and informational tables on counseling and education and immunizations and chemoprophylaxis are provided by age group as follows:

- Preventive services for ages birth-24 months
- Preventive services for ages 2-6 years
- Preventive services for ages 7-12 years
- Preventive services for ages 13-18 years

Refer to the original guideline document for further discussion of these preventive services.

Class of evidence (A-D, M, R, X) definitions are provided at the end of the "Major Recommendations" field.

Preventive counseling and education topics are classified according to the available evidence (good, fair, or insufficient per United States Preventive Services Task Force [USPSTF] rules) to support including or excluding the practices from a periodic health evaluation for asymptomatic, low-risk patients.

Clinical Highlights

1. Incorporate assessments of preventive service needs and counseling and education as appropriate into acute visits when possible. (Annotation #15--see original guideline document)

2. Assess patients for risk factors at periodic intervals and provide counseling and education for identified risk factors. (Annotation #16--see original guideline document)
3. All clinic visits, whether acute or chronic in nature, are opportunities for preventive counseling and anticipatory guidance for pediatric patients. The guideline specifies intervals at which well child visits should occur. (Annotations #1, 4--see original guideline document)
4. At each preventive visit:
    - assess development and behavior (Annotation #18--see original guideline document)
    - update previously obtained medical and family history (Annotation #17--see original guideline document)
    - identify risk factors and provide counseling or special testing as needed (Annotation #16--see original guideline document)
    - perform subjective vision and hearing testing for children <4 years of age (Annotation #20--see original guideline document)
    - test hemoglobin or hematocrit once during infancy, preferably at 6 to 12 months of age (Annotation #21--see original guideline document)
    - perform blood lead testing for children at high risk for lead exposure ages 6 months to 6 years (Annotation #23--see original guideline document)
    - perform metabolic screens and other interventions in the first week of life (per state regulations) (Annotation #24--see original guideline document)
    - perform sexually transmitted disease testing for patients identified as at-risk (Annotation #30--see original guideline document)

Preventive Services for Children and Adolescents Algorithm Annotations

5. Address Reason for Visit and Screen for Priority Preventive Care Needs

    Priority preventive care needs that can and should be addressed at every visit include:

    - Discussing tobacco use or exposure
    - Immunizations

    Evidence supporting this recommendation is of class: M

Preventive Services for Ages Birth to 24 Months

The recommended schedule of visits will largely be determined by completion of necessary preventive services and screening maneuvers listed below. However, the minimum recommended schedule is as follows: first two weeks, 2, 4, 6-9, 12, and 15 months.

Screening Maneuvers

- Risk assessment
- Developmental/behavioral assessment

- Physical exam at first encounter/per provider preference at subsequent encounters.
    - Head circumference
    - Plotted weight and height
- Vision/Hearing screening (by subjective assessment)
- Hemoglobin or hematocrit (once during infancy); preferably 6 to 12 months of age

Additional Screening Maneuvers for High-Risk Groups

- Tuberculin skin test (TST)
- Blood lead testing
- Neonatal screening (per state requirements)

Counseling and Education

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
• Breast feeding • Viral upper respiratory infection	• Iron rich diet • Physical activity • Child safety seats • Poison prevention • Flame-resistant sleepwear • Protection from ultraviolet (UV) light • Infant sleep position and sudden infant death syndrome (SIDS) • Dental and periodontal disease • Infants and bottles	• Formula use • Motor vehicles/bicycles • Safety helmets • Fire safety • Poison, water safety, and choking • Falls • Water heater safety • Firearm storage • Promotion of nonviolent behavior and screen for family violence • Coping skills/stress reduction • Preventive care visits • Fluoride supplements

Immunizations and Chemoprophylaxis

Notice from the National Guideline Clearinghouse (NGC) and the Institute for Clinical Systems Improvement (ICSI): On March 2, 2004, the Centers for

Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), issued temporary recommendations to suspend routine use of both the third and fourth doses of pneumococcal conjugate vaccine (PCV7; Prevnar®). Children at increased risk of severe disease should continue to receive the full, routine, four-dose series. The recommendations were issued in response to a low vaccine supply. For more information, refer to the CDC Web site.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18-24 mos
DTaP			X	X	X	X		
IPV			X	X	X			
MMR						X		
Pneumococcal (PCV7)			X	X	X	X		
Varicella						X		
Hib			X	X	X	X		
Hep B Schedule 1	X	X			X			
Hep B Schedule 2		X		X	X			

Abbreviations: DTaP, diphtheria, tetanus, acellular pertussis; IPV, inactivated poliovirus vaccine; MMR, measles, mumps, and rubella; Hib, Haemophilus influenzae type b; Hep B, hepatitis B

Additional Immunizations for High-risk groups (refer to the National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline Immunizations):

- Influenza (annually)
- Hepatitis A (series of 2)

Practices to Consider Discontinuing

- Routine urinalysis for children
- Lipid screening under age 2
- Routine hemoglobin testing
- Routine tuberculin skin test (TST)
- Routine blood chemistries

Preventive Services for Ages 2-6

The recommended schedule of visits will largely be determined by completion of needed preventive services and screening maneuvers listed below. For the purposes of this guideline, a reasonable schedule to follow is: 3-4 years, and 5 years. The scheduling of a visit at age 2 is left to the discretion of the clinician and the parent or guardian.

Screening Maneuvers

- Risk assessment
- Developmental/behavioral assessment
- Physical exam per provider preference
    - Plotted weight and height
    - Blood pressure
- Vision/Hearing screening
    - Eye examination for amblyopia and strabismus

Additional Screening Maneuvers for High-Risk Groups

- Tuberculin skin test (TST)
- Blood lead testing
- Lipid screening

Counseling and Education

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
	• Iron rich diet • Physical activity • Child safety seats • Poison prevention • Flame-resistant sleepwear • Safety belts • Protection from ultraviolet (UV) light • Dental and periodontal disease	• 5 a day (fruits and vegetables) • Parent role models • Healthy snacks • Calcium intake • Motor vehicles/bicycles • Safety helmets • Fire safety • Poison, water safety, and choking • Falls • Water heater safety • Firearm storage • Promotion of nonviolent behavior and screen for

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
		family violence • Coping skills/stress reduction • Preventive care visits • Fluoride supplements

Immunizations and Chemoprophylaxis

Vaccine	24 months	4-6 years
DTaP		X
IPV		X
MMR		X
Pneumococcal (PCV7)	Immunize those who have not received it in infancy and those at high risk	
Varicella	Immunize those who have not received it in infancy and those at high risk	

Abbreviations: DTaP, diphtheria, tetanus, acellular pertussis; IPV, inactivated poliovirus vaccine; MMR, measles, mumps, and rubella

Additional Immunizations for High-risk Groups (refer to the NGC summary of the ICSI guideline Immunizations):

- Influenza (annually)
- Hepatitis A (series of 2)

Practices to Consider Discontinuing

- Routine urinalysis for children
- Routine hemoglobin testing
- Routine tuberculin skin test (TST)
- Routine blood chemistries

Preventive Services for Ages 7-12 Years

A visit should be scheduled between ages 7 and 9, and again at age 12.

Screening Maneuvers

- Risk assessment
- Interval history
- Developmental/behavioral assessment
- Physical exam per provider preference
    - Blood pressure
    - Plotted weight and height

Additional Screening Maneuvers for High-Risk Groups

- Tuberculin skin test (TST)
- Lipid screening

Counseling and Education

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
• Limited saturated fat	• Caloric balance/nutrient balance • Physical activity • Poison prevention • Flame-resistant sleepwear • Safety belts • Protection from ultraviolet (UV) light • Dental and periodontal disease	• 5 a day (fruits and vegetables) • Parent role models • Healthy snacks • Calcium intake • Motor vehicles/bicycles • Safety helmets • Fire safety • Poison, water safety, and choking • Firearm storage • Promotion of nonviolent behavior and screen for family violence • Coping skills/stress reduction • Preventive care visits • Fluoride supplements

Immunizations and Chemoprophylaxis

- Children should receive an adult tetanus diphtheria booster (Td) at age 12. All visits should be used as an opportunity to ensure patients are up-to-date on immunizations.

Additional Immunizations for High-risk Groups (refer to the NGC summary of the ICSI guideline Immunizations):

- Influenza (annually)
- Hepatitis A (series of 2)

Practices to Consider Discontinuing

- Routine urinalysis
- Routine hemoglobin testing
- Routine tuberculin skin test (TST)
- Routine blood chemistries

Preventive Services for Ages 13-18 Years

Two visits should be scheduled between ages 13 and 18. The scheduling of the second visit is left to the discretion of the clinician and parent or guardian.

Screening Maneuvers

- Risk assessment
- Interval history
- Developmental/behavioral assessment
- Physical exam per provider preference
    - Blood pressure
- Papanicolaou smear (starting at age 18 or with onset of sexual activity--maximum interval, 3 years)

Additional Screening Maneuvers for High-Risk Groups

- Tuberculin skin testing (TST)
- Lipid screening
- Clinical testicular examination
- Sexually transmitted disease testing

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
• Limited	• Caloric	• 5 a day (fruits and

There is good evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There is fair evidence to support counseling on these topics. Counseling should be included in a periodic health examination.	There may be insufficient direct evidence that counseling on these topics leads to a specific change of behavior; however, there is evidence linking these topics to health conditions and/or diseases.
saturated fat • Folic acid supplements • Tobacco cessation • Problem drinking	balance/nutrient balance • Physical activity • Drinking and driving motor vehicles • Safety belts • Unintended pregnancy prevention • Protection from ultraviolet (UV) light • Dental and periodontal disease	vegetables) • Parent role models • Healthy snacks • Calcium intake • Start of tobacco use • Alcohol and other drugs • Motor vehicle operation • Motor vehicles/bicycles • Helmets for motorcyclists • Safety helmets • Fire safety • Firearm storage • Promotion of nonviolent behavior and screen for family violence • Sexually transmitted disease prevention • Depression/anxiety awareness • Coping skills/stress reduction • Preventive care visits • Preconception counseling

Immunizations and Chemoprophylaxis

Children should receive an adult Td at age 12. All visits should be used as an opportunity to ensure patients are up-to-date on immunizations.

Additional Immunizations for High-Risk Groups (refer to the NGC summary of the ICSI guideline Immunizations):

- Influenza (annually)
- Hepatitis A (series of 2)

Practices to Consider Discontinuing

- Routine urinalysis
- Routine hemoglobin testing

- Routine tuberculin skin test (TST)
- Routine blood chemistries

Definitions:

Classes of Research Reports:

A. Primary Reports of New Data Collection:

Class A:

- Randomized, controlled trial

Class B:

- Cohort study

Class C:

- Non-randomized trial with concurrent or historical controls
- Case-control study
- Study of sensitivity and specificity of a diagnostic test
- Population-based descriptive study

Class D:

- Cross-sectional study
- Case series
- Case report

B. Reports that Synthesize or Reflect upon Collections of Primary Reports:

Class M:

- Meta-analysis
- Systemic review
- Decision analysis
- Cost-effectiveness analysis

Class R:

- Consensus statement
- Consensus report
- Narrative review

Class X:

- Medical opinion

CLINICAL ALGORITHM(S)

A detailed and annotated clinical algorithm is provided for Preventive Services for Children and Adolescents.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline contains an annotated bibliography and discussion of the evidence supporting each recommendation. The type of supporting evidence is classified for selected recommendations (see "Major Recommendations").

The majority of the evidence concerning burden of suffering, efficacy of screening and efficacy of early detection is taken from the U.S. Preventive Services Task Force (USPSTF) guidelines.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improved use of a comprehensive approach to the provision of preventive services, counseling, education, and disease screening for low-risk, asymptomatic children and adolescents as demonstrated:

- Increased percentage of patients who are up-to-date on preventive services
- Decreased use of inappropriate screening maneuvers
- Increased regular use of health risk assessments
- Reduced risk of illness and/or injury
- Early detection of illness

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- This clinical guideline is designed to assist clinicians by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinician's judgment or to establish a protocol for all patients with a particular condition. A guideline will rarely establish the only approach to a problem.
- This clinical guideline should not be construed as medical advice or medical opinion related to any specific facts or circumstances. Patients are urged to consult a health care professional regarding their own situation and any specific medical questions they may have.
- Because of lack of data and differing patient risk profiles and preferences, the scheduling of preventive service office visits is left to the discretion and judgment of both the clinician and the parent or guardian.

- The guideline development group recommends that a developmental/behavioral assessment be performed at every well child visit even though specific, objective evidence demonstrating the effectiveness of this practice is currently lacking.
- For much of the traditional physical examination there does not exist good or fair evidence for inclusion in well child visits. In some cases, there is no evidence at all; in others the evidence is conflicting or primarily anecdotal. It is also recognized that changing these elements will be difficult for some providers and some patients. Therefore, the inclusion of specific components is left to the desires of individual medical groups, while encouraging them to focus primarily on the provision of essential services and the elimination of services that are clearly of no overall value.
- There is no evidence that clinical testicular examinations improve outcomes.
- The optimal frequency of routine screening of high-risk women for gonorrhea and chlamydia is unclear. There is a lack of sufficient evidence to recommend the screening of high-risk men.
- There is insufficient evidence to recommend for or against routine human immunodeficiency virus (HIV) screening in low-risk persons.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Once a guideline is approved for general implementation, a medical group can choose to concentrate on the implementation of that guideline. When four or more groups choose the same guideline to implement and they wish to collaborate with others, they may form an action group.

In the action group, each medical group sets specific goals they plan to achieve in improving patient care based on the particular guideline(s). Each medical group shares its experiences and supporting measurement results within the action group. This sharing facilitates a collaborative learning environment. Action group learnings are also documented and shared with interested medical groups within the collaborative.

Currently, action groups may focus on one guideline or a set of guidelines such as hypertension, lipid treatment, and tobacco cessation.

Detailed measurement strategies are presented in the original guideline document to help close the gap between clinical practice and the guideline recommendations. Summaries of the measures are provided in the National Quality Measures Clearinghouse (NQMC).

RELATED NQMC MEASURES

- Preventive services for children and adolescents: percentage of patients who are up-to-date for the ten key preventive services.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Preventive services for children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Sep. 32 p. [24 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1995 Jun (revised 2003 Sep)

GUIDELINE DEVELOPER(S)

Institute for Clinical Systems Improvement - Private Nonprofit Organization

GUIDELINE DEVELOPER COMMENT

Organizations participating in the Institute for Clinical Systems Improvement (ICSI): Affiliated Community Medical Centers, Allina Medical Clinic, Altru Health System, Aspen Medical Group, Avera Health, CentraCare, Columbia Park Medical Group, Community-University Health Care Center, Dakota Clinic, ENT Specialty Care, Fairview Health Services, Family HealthServices Minnesota, Family Practice Medical Center, Gateway Family Health Clinic, Gillette Children's Specialty Healthcare, Grand Itasca Clinic and Hospital, HealthEast Care System, HealthPartners Central Minnesota Clinics, HealthPartners Medical Group and Clinics, Hutchinson Area Health Care, Hutchinson Medical Center, Lakeview Clinic, Mayo Clinic, Mercy Hospital and Health Care Center, MeritCare, Mille Lacs Health System, Minnesota Gastroenterology, Montevideo Clinic, North Clinic, North Memorial Care System, North Suburban Family Physicians, Northwest Family Physicians, Olmsted Medical Center, Park Nicollet Health Services, Pilot City Health Center, Quello Clinic, Ridgeview Medical Center, River Falls Medical Clinic, Saint Mary's/Duluth Clinic Health System, St. Paul Heart Clinic, Sioux Valley Hospitals and Health System, Southside Community Health Services, Stillwater Medical

Group, SuperiorHealth Medical Group, University of Minnesota Physicians, Winona Clinic, Ltd., Winona Health

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SOURCE(S) OF FUNDING

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GUIDELINE COMMITTEE

Preventive Services Steering Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Work Group Members: Karla Grenz, MD (Work Group Leader) (Allina Medical Clinic) (Family Practice); Don Pine, MD (Park Nicollet Health Services) (Family Practice); Leif Solberg, MD (HealthPartners Medical Group) (Family Practice); John M. Wilkinson, MD (Mayo Clinic) (Family Practice); Nancy Jarvis, MD (Park Nicollet Health Services) (Internal Medicine); Martha Millman, MD (Mayo Clinic) (Internal Medicine); Robert Ahrens, MD (HealthPartners Medical Group) (Obstetrics/Gynecology); Dale Akkerman, MD (Park Nicollet Health Services) (Obstetrics/Gynecology); Rebecca Jones, MD (Fairview Clinics) (Pediatrics); James Nordin, MD (HealthPartners Medical Group) (Pediatrics); Andrew Rzepka, MD (Park Nicollet Health Services) (Pediatrics); Lisa Harvey (Park Nicollet Health Services) (Health Education); Sheryl Noll, RN (Quello Clinic, Ltd.) (Nursing); Beth Green, MBA, RRT (Institute for Clinical Systems Improvement) (Measurement and Implementation Advisor); Nancy Greer, PhD (Institute for Clinical Systems Improvement) (Evidence Analyst); Jenelle Meyer, RN (Institute for Clinical Systems Improvement) (Facilitator)

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

In the interest of full disclosure, Institute for Clinical Systems Improvement (ICSI) has adopted the policy of revealing relationships work group members have with companies that sell products or services that are relevant to this guideline topic. The reader should not assume that these financial interests will have an adverse impact on the content of the guideline, but they are noted here to fully inform users. Readers of the guideline may assume that only work group members listed below have potential conflicts of interest to disclose.

No work group members have potential conflicts of interest to disclose.

ICSI's conflict of interest policy and procedures are available for review on ICSI's website at www.icsi.org.

GUIDELINE STATUS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the Institute for Clinical Systems Improvement (ICSI) Web site.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Preventive services for children. In: ICSI pocket guidelines. April 2003 edition. Bloomington (MN): Institute for Clinical Systems Improvement, 2003 Mar. p. 12-5.
- Preventive counseling and education. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 69 p. See the National Guideline Clearinghouse (NGC) summary.

Print copies: Available from ICSI, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; telephone, (952) 814-7060; fax, (952) 858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 10, 2000. The information was verified by the guideline developer on April 25, 2001. This summary was updated by ECRI on April 15, 2002 and most recently on March 14, 2003. The updated information was verified by the guideline developer on May 15, 2003. This summary was updated again by ECRI on March 22, 2004.

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Date Modified: 11/15/2004